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FAX Transmittal: This FAX contains 2 pages, including cover sheet. If you do not receive all pages, please contact us at the number above.

Date: December 23, 2005

To: USPTO

Re: Application No. 10/681,076

FAX: 1 (571) 273-8300

Confirmation via Mail: ___ **Yes** ✓ **No**

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Please find attached a Power of Attorney form from Inventor Daniel Resnic.

Thanks,

Eric Hanscom
Attorney for Daniel Resnic

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10/681,078

PTO/SB/81 (04-05)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/681,078
Filing Date	
First Named Inventor	Resnic, Daniel
Title	UNIVERSAL UNISEX SAFETY CONDOM
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☑ Practitioners associated with the Customer Number: 33873 33873

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☑ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Daniel Resnic		
Name	Daniel Resnic	Date	12/16/05
Title and Company	STRATA VARIOUS - OWNER	Telephone	760 864-4156

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☑ *Total of 1 forms are submitted.

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